## NOTIFICATION OF DEMOLITION AND RENOVATION

Job#4932

Operator Project #		Postmark		Date Received		No		otification #			
TYPE OF NOTIFICATIO	d):		R								
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):											
OWNER NAME: Equity Office Properties											
Address: 1140	1140 Avenue of the Americas										
City: New	New York				New York	Zip:	Zip: 10036				
Contact Name: Denn	fame: Denna Byron, SPM				-	Telephone: 646-779-2864					
REMOVAL CONTRACTOR: Pinnacle Environmental Corp.											
Address:	200 Broad Street										
City:	Carlstadt			State: NJ Zip:			ip: 07072				
Contact Name:	Joseph Patrick					Telep	Telephone: (201) 939-6565				
OTHER CONTRACTOR	R:										
Address:											
City:			-	State:		Zip:	Zip:				
Contact Name:						Telephone:					
TYPE OF OPERATION (	TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R										
IS ASBESTOS PRESENT? (YES NO) Yes											
FACILITY DESCRIPTION	N (Include Buil	ding Name, Number and	d Floor or Ro	om Nur	mber)						
Building Name: BRE	Building Name: BRE - 1740 Broadway, LLC										
Address: 1740	1740 Broadway										
City: New	New York			State:	New York	Coun	County: New York				
Site Location: Cella	ır & 1st Floor										
Building Size: 600,0	600,000SF			# of Floors: 26 Age In Year				ears: 65 yrs.			
Present Use: Com	Commercial			Prior U	Jse:						
Procedure, Including Ana	alytical Method	, If Appropriate, Used To PLM	o Detect The - Polarized L	Presenc Light Mi	e of Asbestos Material: croscopy						
Approximate amount of asbestos, including:  1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed		RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below						
		_	CA		TI CAT II		UNIT				
Pipes		1,825(1)+100(5)+100 (6)+150 <mark>(8)+25</mark>	, T	la de	h . l v . le h . l	LnFt:	x	Ln M:			
Surface Area		4,660(1)+3,660(5)+1,885 (7)+60 <mark>(8)+1,000</mark>				SqFt:	x	Sq M:			
Vol. RACM off Facility Component				- 1	CuFt:		Cu M:				
Scheduled Dates Asbestos Removal (mm/dd//yy)			Start: 08-03-15(1)08-10-15(2)Job on Hold (3)09-28-15(4)Job on Hold(5)12-18-15			Complete: 08-03-16					
Schedules Dates Demo/Renovation (mm/dd/yy)			Start:			Complete:					



## NOTIFICATION OF DEMOLITION AND RENOVATION

Job#4925

Operator 1	Project #	Postma	ark	Date Received	l as	No	otification #						
TYPE OF NOTIFIC	CATION (O-Origina	al, R-Revised, C-Can	ıcelled):		R	1							
FACILITY INFORM	MATION (Identify (	Owner, Removal Co	ontractor and Oth	ner Operator):									
OWNER NAME:	DSBS												
Address:	110 William Street	110 William Street											
City:	New York			State: New York	Zij	p: 10038							
Contact Name:	Richard Cote					lephone: (212)	312-4269						
REMOVAL CONT	REMOVAL CONTRACTOR: Pinnacle Environmental Corp.												
Address:	Address: 200 Broad Street												
City:		Carlstadt		State: NJ	Zip	p: 07072							
Contact Name:		Joseph Patrick				lephone: (201) 9	939-6565						
OTHER CONTRA	CTOR:			-		-							
Address:		I											
City:				State:	Zip	):							
Contact Name:					Tel	ephone:							
TYPE OF OPERATI	ION ( D-Demo, O-Or	dered Demo, R-Ren	novation, E-Emr.	Renovation): R		-							
IS ASBESTOS PRES	SENT? (YES NO)	Yes			_								
FACILITY DESCRI	PTION (Include Build	ding Name, Number	r and Floor or Ro	oom Number)			+1100 +21 -						
Building Name:	Tin Building												
Address:	16 Fulton Street												
City:	New York			State: New York	Cou	unty: New York	k						
Site Location:	1st Floor, Mezzanine	& Roof			- 1								
Building Size:	30,000SF			# of Floors: 3	Age	e In Years: 1860	)'s						
Present Use:	e: Commercial Prior Use:					T Property and the second							
Procedure, Including	g Analytical Method,	, If Appropriate, Use P	ed To Detect The PLM - Polarized I	Presence of Asbestos Mater Light Microscopy	rial:								
Approximate amount of asbestos, including:  1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed			Nonfriable Asbestos Material not to be removed		]	Indicate Unit of Measurement Below							
7.			CATI	CAT I CAT II		UNIT							
Pipes Surface Area		(6)60			LnFt:	1 1 33	Ln M:						
Surface Area  Vol. BACM off Facility		51,480(2)-280			SqFt:	х	Sq M:						
Vol. RACM off Facili					CuFt:		Cu M:						
	bestos Removal (mm,		Start: 09-09-1 (3)12-1	15(1)Job on Hold(2)12-14-15 15-15(4)12-21-15 <b>(5)12-22-1</b> 5	Comple	Complete: 09-09-16							
Schedules Dates Demo/Renovation (mm/dd/yy)  Start:						Complete:							